

**TOWN OF NORTH ANDOVER**  
**Office of COMMUNITY DEVELOPMENT AND SERVICES**  
**HEALTH DEPARTMENT**

**1600 OSGOOD STREET; Building 20; Suite 2-36**

NORTH ANDOVER, MASSACHUSETTS 01845

Susan Y. Sawyer, REHS/RS  
Public Health Director

978.688.9540 – Phone

978.688.8476 – FAX

[healthdept@townofnorthandover.com](mailto:healthdept@townofnorthandover.com)

[www.townofnorthandover.com](http://www.townofnorthandover.com)



**Animal Permit Form**

*The undersigned hereby applies for a permit to "KEEP CERTAIN ANIMALS AND BIRDS" within the Town of North Andover, in accordance with **Chapter III, Section 23, 131 and 143** of the General Laws, and subject to the rules and regulations of the local Board of Health and Zoning Bylaws.*

ADDRESS/LOCATION OF ANIMALS: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

OWNER'S ADDRESS/LOCATION IF DIFFERENT: \_\_\_\_\_

Dealer: Yes \_\_\_\_\_ No \_\_\_\_\_

TOTAL ACREAGE: \_\_\_\_\_

	Adult	Young (number of)
1. Cattle (Adult = 2 years & over)		
Dairy	_____	_____
Beef	_____	_____
Steers/Oxen	_____	_____
2. Goats (Adult = 1 year & over)	_____	_____
3. Sheep (Adult = 1 year & over)	_____	_____
4. Swine:		
Breeders	_____	_____
Feeders	_____	_____
5. Llamas / Alpacas	_____	_____
6. Equines:		
Horses / Ponies	_____	_____
Donkeys / Mules	_____	_____
Stable use:		
Private <input type="checkbox"/>	Boarding <input type="checkbox"/>	Training <input type="checkbox"/>
Rental <input type="checkbox"/>	Lessons <input type="checkbox"/>	

7. Poultry: Chickens \_\_\_\_\_ Turkeys \_\_\_\_\_

8. Rabbits: \_\_\_\_\_

9. Other: \_\_\_\_\_

\_\_\_\_\_  
Name of Applicant (PLEASE PRINT)

\_\_\_\_\_  
Signature of Applicant

Contact Phone Numbers (indicate cell; home; work, etc.) \_\_\_\_\_

**FEE: \$35.00**

**Please make check payable to:** Town of North Andover (mail to above address)

**IF NOT RENEWED BEFORE MARCH 1<sup>ST</sup>, THE FEE WILL BE DOUBLED TO \$70.00**